## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 224 OF Use separate schedule(s) for each category of the Detailed Summary Page (check only one) **X** 11a 11b 11c

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NAME OF COMMITTEE (In Full) LIBERTARIAN NATIONAL COM	MMITTEE, INC.	
Full Name (Last, First, Middle Initial)  A. Donnie Webb		Date of Receipt
Mailing Address 8287 E Cherokee Dr		12 31 2015 The state of the sta
City Canton	State Zip Code GA 30115-6113	Transaction ID : SA11AI.42311  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	349.00
Name of Employer  Information Requested  Receipt For:  Primary General  Other (specify) ▼	Occupation Information Requested  Aggregate Year-to-Date ▼  349.00	Contribution
Full Name (Last, First, Middle Initial)  III Irving B. Welchons  Mailing Address 4329 Esherwood Ln		Date of Receipt
City	State Zip Code	12 01 2015 Transaction ID : SA11AI.42324
Charlotte  FEC ID number of contributing federal political committee.	NC 28270-2507	Amount of Each Receipt this Period 30.00
Name of Employer Retired	Occupation Retired	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial)  Mr. Charles W. West Jr.		Date of Receipt
Mailing Address PO Box 11606		12 01 _ 2015 _
City Knoxville	State         Zip Code           TN         37939-1606	Transaction ID : SA11AI.42343  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Self-Employed	Occupation Massage Therapist	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		399.00
TOTAL This Period (last page this line number	·	